Palliative Care Research Network (PCRN)

Small Project Grants

**APPLICATION FORM**

**Due Date: 14/04/2017**

**SECTION A — PROJECT OVERVIEW**

A1. Title

Provide a short descriptive title of your project (maximum 30 words).

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| --- |
|  |

**A2. Description**

Provide a lay description of your project (maximum 100 words).

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| --- |
|  |

**A3. Applicant**

|  |  |
| --- | --- |
| Name (including Title) | Organisation |
|  |  |

**A4. Project Team**

|  |  |
| --- | --- |
| Name (including Title) | Organisation |
|  |  |
|  |  |
|  |  |
|  |  |

**A5. Administering Organisation**

Provide name and address of the organisation that will be administering the project funds.

*(Complete all fields)*

|  |  |
| --- | --- |
| Organisation |  |
| ABN |  |
| Postal Address |  |
| Contact Name of Grants or Admin Officer |  |
| Position |  |
| Email |  |
| Telephone |  |
| Fax |  |

**A6. Research Organisation**

|  |  |
| --- | --- |
| Organisation |  |
| Department |  |
| Address |  |
| Postal Address |  |

**A7. Total funding sought from the PCRN** (maximum $25,000)

|  |  |
| --- | --- |
| AU$ |  |

**A8. Duration of Project**

Please enter number of months (maximum 12).

|  |  |
| --- | --- |
|  | Months |

**A9. Ethics Requirements**

Does the project require human research ethics approval?

**YES** [ ]  **NO** [ ]

If **YES**, please indicate the date of approval and the approval number or indicate the timeframe in which approval is expected to be received.

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| --- |
|  |

If **NO**, please comment on why it is not required.

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**A10. Clinical Trials**

|  |  |  |
| --- | --- | --- |
| Does the research project involve a clinical trial? | **YES** [ ]  | **NO** [ ]  |
| If **YES**, what is the target patient recruitment number? |  |

**SECTION B — PROJECT PERSONNEL DETAILS**

**B1. APPLICANT**

**B1.1. Applicant Contact Details**

|  |  |
| --- | --- |
| Title |  |
| Family Name |  |
| Given Names |  |
| Contact Numbers | **Work:****Mobile:** |
| Email |  |
| Position Title |  |
| Organisation |  |
| Postal Address |  |
| Suburb/Town |  |

**B1.2. Academic Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree/ Award | Year | Discipline/ Field | Organisation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**B1.3. Current Appointments of Applicant**

List your current appointments, including organisations and status of appointments: tenured, non-tenured, non-continuing, postgraduate, training or other (please specify).

Do not include unpaid appointments. Maximum five entries.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Appointment/ Position | Period of Appointment | Title(if applicable) | Organisation | Department | Status |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

**B1.4. Professional Registration**

Provide details of your Australian professional registration, if relevant.

|  |  |
| --- | --- |
| Registering body |  |
| Date of initial registration |  |
| Registration number |  |

**B1.5. Other Professional, Academic or Related Activities**

(maximum 500 words)

|  |
| --- |
|  |

**B1.6. Relevant Achievements**

(maximum 500 words)

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| --- |
|  |

**B1.7. Publications**

List any relevant publications since 2010 and justify their inclusion (maximum 10 publications).

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**B1.8. Describe Your Role in the Project**

Please also indicate the percentage of time you will spend directly on the project.

|  |
| --- |
|  |

**B1.9. CV Summary**

Please provide a brief CV (maximum one page).

|  |
| --- |
|  |

**B2. PROJECT TEAM**

Provide details of project team members/roles (including those named in **Section A4**).

|  |  |
| --- | --- |
| **Name** (including Title) |  |
| Role in Project (please also indicate the percentage of time they will spend directly on the project) |  |
| Percentage of Project |  |
| Contact Numbers | **Work:****Mobile:** |
| Email |  |
| **Brief CV** (maximum one page). |  |

|  |  |
| --- | --- |
| **Name** (including Title) |  |
| Role in Project (please also indicate the percentage of time they will spend directly on the project) |  |
| Percentage of Project |  |
| Contact Numbers | **Work:****Mobile:** |
| Email |  |
| **Brief CV** (maximum one page). |  |

|  |  |
| --- | --- |
| **Name** (including Title) |  |
| Role in Project (please also indicate the percentage of time they will spend directly on the project) |  |
| Percentage of Project |  |
| Contact Numbers | **Work:****Mobile:** |
| Email |  |
| **Brief CV** (maximum one page). |  |

|  |  |
| --- | --- |
| **Name** (including Title) |  |
| Role in Project (please also indicate the percentage of time they will spend directly on the project) |  |
| Percentage of Project |  |
| Contact Numbers | **Work:****Mobile:** |
| Email |  |
| **Brief CV** (maximum one page). |  |

**SECTION C — PROJECT PROPOSAL**

**C1. Summary of Proposed Project**

Provide a short summary of your project (maximum 500 words).

|  |
| --- |
|  |

**C2. Project Description**

Describe your project using the headings provided, with reference to the selection criteria listed in the *PCRN Small Project Grants Guidelines*. Further details on what is required can be found in the *PCRN Small Project Grants Instructions for Applicants* document. This section must not exceed five pages (Font: Verdana, 10 point).

* **Background to Research Proposal**
* **Aims and Objectives of Research Activity**
* **Value and Innovation**
* **Research Methodology**
* **Translational Timeframe**
* **Communication**

**C3. Actual organisations where project will be carried out**

|  |  |
| --- | --- |
| Organisation | % Allocation |
|  |  |
|  |  |

**C4. Milestones to measure project progress**

|  |  |
| --- | --- |
| Time period | Milestones |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

**SECTION D — BUDGET**

**D1. Budget Request**

Provide a breakdown of your proposed project costs. You may add a separate attachment which contains your table showing a budget breakdown.

|  |
| --- |
|  |

**D2. Supplementary Funding**

Will you be receiving supplementary or additional funding from other source(s) for this project?

**YES** [ ]  **NO** [ ]

If **YES**, please provide details including the amount, duration and source of funding.

|  |
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|  |

**D3. Budget Justification**

Justify your budget request (maximum one page).

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**SECTION E — CERTIFICATIONS**

**ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION OF THE APPLICATION TO THE PCRN.**

**Privacy Notice**

Applicants consent to the information supplied as part of their proposal being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the project funding. Such disclosure includes, but is not limited to: disclosure to members of the selection panel, independent readers/assessors requested to provide advice, and relevant representatives. Documents containing personal information are handled and protected in accordance with the provisions of the *Privacy and Personal Information Protection Act 1998*, which sets standards for the collection, storage, use and disclosure of, and access to, personal information.

**E1. Certification by the Applicant**

I certify that:

1. To the best of my knowledge and belief, information contained in this application is complete, true and correct and I understand that the provision of false or misleading information may attract substantial penalties.
2. I have sought agreement from all project participants for their involvement in the project as outlined in this application form.
3. I consent to this proposal being peer-reviewed by persons who may remain anonymous.
4. I have read and agreed to the Privacy Notice above.

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

**E2. Certification by the Administering Organisation**

I certify that:

1. I am authorised to sign the application form on behalf of this organisation.
2. I am prepared for this organisation to ensure the completion of the project as outlined in this application.
3. The proposed activity can be accommodated within the general facilities of this organisation, and appropriate infrastructure is available.
4. To the best of my knowledge, information contained in this application is complete and true.
5. Where applicable, the proposed activity will not be permitted to proceed until appropriate ethics approval(s) have been obtained.

|  |  |
| --- | --- |
| Organisation |  |
| Name |  |
| Title |  |
| Position |  |
| Signature |  |
| Date |  |

**E3. Certification by the Head of the Research Organisation**

(or person authorised to sign on behalf of the Organisation) where the research will be carried out.

*This is the organisation where the majority of the research will be based, and/or from which the research will be co-ordinated, and may be the same as the Administering Organisation.*

I certify that:

1. I am authorised to sign this application form on behalf of this organisation.
2. I am prepared to have the proposed research carried out in this organisation.
3. To the best of my knowledge, information contained in this application is complete and true.
4. The research associated with this grant can be accommodated within, and/or co-ordinated from the general facilities of this organisation, and appropriate infrastructure is available at this research organisation and/or the collaborating organisation/s.
5. The research associated with this grant will not be permitted to proceed until appropriate ethics and safety clearance(s) have been obtained.

|  |  |
| --- | --- |
| Organisation |  |
| Name |  |
| Title |  |
| Position |  |
| Signature |  |
| Date |  |

**SECTION F —** **SUBMISSION OF APPLICATION**

Applications must use the *PCRN Small Grants Application Form*.

The PCRN will only accept electronic submission of applications in Word format – PDF will not be accepted, except for Section E – Certifications.

Electronic signatures are accepted.

The PCRN will not accept hardcopy and/or faxed applications.

**Applications close: 14/04/2017**

Please note that incomplete or late applications will not be accepted.

Additional information that is not specifically requested by the PCRN will not be forwarded to the evaluation panel.

Submit your application to: pcrnv@svha.org.au

If you are submitting more than one electronic file, all files must be attached to one email message.

Further information can be obtained by contacting the PCRN via telephone: 03 9416 0000 or via email at pcrnv@svha.org.au

**APPLICATION CHECKLIST**

* Completed all fields on application form.
* Completed budget template.
* Application certified/signed by applicant.
* Application certified/signed by Administering Organisation.
* Application certified/signed by Head of Research Organisation.

**--------------------------- END OF DOCUMENT ---------------------------**